

Board of Chiropractic Examiners

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**PETITION FOR REDUCTION OF PENALTY**

No petition to modify the terms of probation will be entertained until one year after the effective date of the Board's disciplinary action. The decision on the petition will be made by the full Board in accordance with Section 11522 of the Government Code.

Modification of the terms of probation will be provided only in exceptional circumstances, such as when the Board determines that the penalty imposed has been excessive, considering both the violation of the law charged and the supporting evidence, or when there is substantive evidence that there is no more need for the degree of probationary supervision as set forth in the original terms and conditions. As a rule, no reduction of penalty will be granted unless the probationer has at all times been in compliance with the terms and conditions of probation.

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.

Board Meeting Date Requested _____ (see attached sheet for dates)

Please print or type

Name:	Last	First	Middle	Former	License number:
Address:	Number	Street			Date issued:
	City	State	Zip Code	Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other _____	
Home telephone number: ()			Work telephone number: ()		
Business Address:	Number	Street	City	State	Zip Code

Are you licensed in any other state? ☐ Yes ☐ No

State/Country	Issue Date	License Number	Current Status

Chiropractic College you attended:

Name of School:		
Dates Attended:	From	To
Graduation Date:		
Date Degree Granted:		

Specify the term and condition you want reduced/modified, and explain what you are requesting?

Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state, or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4. (Traffic violations of \$300 or less need not be reported.)

☐ Yes* ☐ No

Are you now on probation or parole for any criminal violations in this state or any other state? (Attach certified copies of all court documents).

☐ Yes* ☐ No

Have you ever had disciplinary action taken against any professional license in this state or any other state?

☐ Yes* ☐ No

Are you or have you ever been addicted to the use of narcotics or controlled substances?

☐ Yes* ☐ No

Are you or have you ever been habitually intemperate in the use of alcohol or other drugs?

☐ Yes* ☐ No

Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, or drug addiction?

☐ Yes* ☐ No

*** If you answered yes to any of the above questions, you must attach a statement of explanation giving full details.**

Answer the Following Questions on an Attached Sheet of Paper

1. List the date of disciplinary action taken against your license and explain fully the reason for the disciplinary action.
2. Explain fully why you feel your disciplinary penalty should be reduced/modified?
3. Describe fully your activities and occupation since the date of the disciplinary action; include dates, employers and locations.
4. Describe any rehabilitative or corrective measures you have taken since your license was disciplined to support your petition for a reduction or modification. List dates, nature or programs, and current status. You may include any community service or volunteer work.
5. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was disciplined.
6. List all chiropractic literature you have studied during the last year.
7. List all continuing education courses you have completed since your license was disciplined. Attach copies of the certificates.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____ Signature: _____

